Bowel Problems
what to do if things go wrong

www.bladderandbowelfoundation.org
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The Bladder and Bowel Foundation (B&BF) is the UK's largest, non-profit making, advocacy charity providing help, information and support for all types of bladder and bowel related problems, for patients, carers and health care professionals.

The charity, formed in June 2008 incorporates the objectives and missions of Incontact and the Continence Foundation, which closed in May 2008.

With around 14 million people in the UK with a bladder control problem and around 6.5 million with a bowel control problem that is bothersome, our work is vital if we are to change the way in which patients are helped and supported.

Our aim is to have a society in which everyone can talk openly about this subject and we seek to achieve this by campaigning to raise awareness amongst the public and health care professionals of these common but seldom discussed conditions. At the same time, we will speak on behalf of those affected and those close to them in order to influence policy makers and service providers in both the private and public sectors.

\[\text{Papulus Research interviewed 1040 adults aged 18+ years between 9-22 June 2008, 23% reported a bladder control problem and 11% a bowel control problem.} \]
Introduction

Many people have bowel control problems: young and old, men and women. You are not alone, it may affect up to one in 10 people\(^2\). It is certainly more common than was thought some years ago.

Bowel problems often cause embarrassment, fear and anxiety - this can sometimes lead to people being reluctant to seek help and advice. But there are many ways these problems can be managed and treated, in many people the problems can be cured.

This booklet explains how to get specialised help and outlines the latest treatments, medicines, surgical options and products available for this very common, but rarely discussed problem.

Start by talking to a health professional:

- Doctor
- Practice nurse
- Continence advisor or continence nurse specialist
- Specialist physiotherapist

A good start would be by contacting our confidential helpline on 0845 345 0165, which is staffed by specialist nurses, or call our counsellor helpline for a ‘listening ear’ on 0870 770 3246 - 9am to 5pm, Monday to Friday.

B&BF can give you the number of your nearest NHS Continence Advisory Service – see page 21 for our details. There is also a list of organisations on the back cover which can provide further advice and support.

“People’s reaction to my problem is horrible. But I suffer from a medical condition like many others… except it affects my bowels”

\(^2\)Populus Research interviewed 1040 adults aged 18+ years between 9-22 June 2008. 23% reported a bladder control problem and 11% a bowel control problem
How the bowel works

The **bowel** is a long tube that carries food from the stomach to the back passage or **anus**. As the food travels along the bowel, it is digested. The first part of the bowel is known as the small intestine which absorbs useful nutrients from the food. The large intestine, also known as the colon, then absorbs fluid. The waste which is left is called **faeces, stool or motion and travels** on to the rectum and then leaves the body through the rectum or **back passage (anus)**.

How often should I empty my bowel?

Different people have different bowel habits. Most people who have a bowel movement more than 3 times a week and pass good textured faeces (not too hard or too soft) can be said to have 'normal' bowel behaviour.
Bowel changes to look out for

Changes in your normal bowel habit can happen sometimes due to changes in diet or even our emotional state but these are signs that may require investigation.

Symptoms to look out for

Most of us have bowel problems at some time in our lives you may be worried that your symptoms are a sign of cancer, but this is not always the case. Lots of people have common conditions like Irritable Bowel Syndrome (IBS) and piles - 1 to 20 of us has bleeding from the bottom (rectal bleeding) especially younger people but most people with rectal bleeding do not have cancer.

For anyone with a bowel problem that persists or a change of bowel habit that persists, with or without rectal bleeding, it is important to seek medical advice.
What can go wrong with the bowel?

Constipation

People who have weak bowel movements less than 3 times a week and who either have to strain excessively to move their bowels, do not feel completely empty or have to help their stool out, may be constipated. Stool can become hard inside the bowel leading to difficulty and straining to empty the bowel.

Constipation can be caused by:

- Not eating enough fibre or eating too much fibre and roughage
  (5 portions a day is recommended)
- Not drinking enough
- Lack of exercise - regular exercise can stimulate the bowel to work regularly
- Ignoring the feeling that you want to go to the toilet
- Some medicines e.g. certain painkillers
- Following stress or illness
- Some neurological diseases, such as Parkinson’s Disease

If you find it hard to have a bowel movement, do not try to push harder. Straining can cause other problems like haemorrhoids (piles). Straining can also weaken the pelvic floor muscles and can result in other bladder and bowel problems.
Diarrhoea

Many people suffer from diarrhoea. This is when faeces are loose and watery. Diarrhoea can cause some people to have frequent and urgent desires to go to the toilet. Sometimes they cannot reach a toilet in time and they may be incontinent.

There are many causes of diarrhoea including:

- Food poisoning
- Infection in the bowel
- Some medicines e.g. antibiotics
- Eating too much fibre
- Using too many laxatives
- Anxiety and stress

Diarrhoea can also be a symptom associated with other bowel problems such as:

- Irritable bowel syndrome
- If you have persistent diarrhoea you should always seek medical advice

Irritable Bowel Syndrome (IBS)

The main symptoms of IBS are pain in the abdomen and an upset of normal bowel habit. There may be other signs like feeling bloated, passing runny mucus (a clear jelly like substance) instead of faeces, constipation, or pain when going to the toilet. Stress and anxiety is not thought to cause IBS but can make problems worse.

The symptoms can sometimes be helped if you eat 5 servings of food high in fibre per day – fruit and vegetables, wholemeal bread and brown rice. Peppermint tea is also thought to help.

The Gut Trust can provide more information about this condition – their contact details are on the back page.
Diverticular Disease

This condition involves diverticula, which are small sacs protruding through the wall of the colon. In Western populations, they are common from middle age onwards. For example, diverticula are found in about one-quarter of people over the age of 40, and in about a half of those over 70 years. In most people the diverticula cause no trouble, but in about 15% of cases some symptoms are experienced. Symptoms are usually caused by diverticulitis, which is the inflammation of a diverticulum.

Symptoms of diverticulitis are abdominal pain (usually in the lower-left part of the abdomen), and a change in bowel habits (diarrhoea or constipation or alternating between both). The pain of diverticulitis is usually acute and continuous. There may also be mild fever and sometimes nausea and vomiting.

Diverticulitis can be treated by antibiotics in most cases, and in at least two-thirds of patients there is no recurrence. In people with recurrent diverticulitis, surgery may be needed to remove the damaged part of the colon.

Diverticula may also trigger a haemorrhage, which is a loss of blood from the back passage. Haemorrhage is less common than diverticulitis, and there is no pain associated with it. Usually the bleeding stops of its own accord.

The best way of preventing the development of diverticula is the consumption of a high-fibre diet. This can be achieved by eating at least 5 portions of foods containing fibre per day. A high-fibre diet may also help discourage the occurrence of diverticulitis. Once diverticulitis has started however, doctors may recommend a low-fibre diet to reduce irritation of the bowel lining. On overcoming the diverticulitis, a high-fibre diet can be reinstated.
Crohn’s Disease

Crohn’s Disease can affect any part of the digestive system. The symptoms vary depending on what part of the system is affected. The main symptoms of Crohn’s are diarrhoea, weight loss and abdominal pain. There is no known cure for this disease, but medication can keep it under control.

Ulcerative Colitis

Ulcerative Colitis is an inflammation of the colon. The major symptoms of Ulcerative Colitis are diarrhoea containing blood and mucus, and the constant urge to go to the toilet even though nothing comes out. People with Colitis may also suffer from abdominal pain. Anti-inflammatory medication or steroids can help. Ulcerative Colitis can be cured by surgery to remove the colon. This is a large operation which usually requires an ileostomy on a temporary or permanent basis, but most people can have the disease controlled by medication and diet. For more information contact the National Association for Colitis and Crohn’s Disease (NACC) – see their details on the back page.

Damage to the Sphincter Muscles

The anus is surrounded by two rings of muscle, one external and one internal, that make up the **anal sphincter**. The sphincter normally keeps the anus closed so no stool leaks out. You do not have to think about controlling the internal ring of muscle. The external ring of muscle, however, can be used as a ‘back-up’ that you control if you need to hold on. You can feel this muscle working if you squeeze, as though you are trying to hold in wind. If you damage your external sphincter muscle, it may not be possible to hold on until you get to a toilet. This is called **faecal urge incontinence**.